

### State of Indiana 2014 Rates

Plan	Coverage	Bi-Weekly Employee Rate	Bi-Weekly Employer Rate	Bi-Weekly Total Rate	Early Retirees (Monthly)	COBRA (Monthly)	Annual Employee Rate	Annual Employer Rate	Annual Employer HSA Contribution	Total Annual Employer Contribution	Annual Total Rate
CDHP 1	Single	\$46.94	\$173.28	\$220.22	\$477.14	\$486.69	\$1,220.44	\$4,505.28	\$1,123.20	\$5,628.48	\$6,848.92
	Family	\$73.16	\$518.58	\$591.74	\$1,282.10	\$1,307.75	\$1,902.16	\$13,483.08	\$2,249.52	\$15,732.60	\$17,634.76
CDHP 1 W/ Non-Tobacco Use	Single	\$11.94	\$173.28	\$185.22	\$401.31	\$409.34	\$310.44	\$4,505.28	\$1,123.20	\$5,628.48	\$5,938.92
	Family	\$38.16	\$518.58	\$556.74	\$1,206.27	\$1,230.40	\$992.16	\$13,483.08	\$2,249.52	\$15,732.60	\$16,724.76
CDHP2	Single	\$89.72	\$190.56	\$280.28	\$607.27	\$619.42	\$2,332.72	\$4,954.56	\$673.92	\$5,628.48	\$7,961.20
	Family	\$193.04	\$553.26	\$746.30	\$1,616.98	\$1,649.32	\$5,019.04	\$14,384.76	\$1,347.84	\$15,732.60	\$20,751.64
CDHP 2 W/ Non-Tobacco Use	Single	\$54.72	\$190.56	\$245.28	\$531.44	\$542.07	\$1,422.72	\$4,954.56	\$673.92	\$5,628.48	\$7,051.20
	Family	\$158.04	\$553.26	\$711.30	\$1,541.15	\$1,571.97	\$4,109.04	\$14,384.76	\$1,347.84	\$15,732.60	\$19,841.64
Traditional PPO	Single	\$213.74	\$216.48	\$430.22	\$932.14	\$950.79	\$5,557.24	\$5,628.48	\$0.00	\$5,628.48	\$11,185.72
	Family	\$540.32	\$605.10	\$1,145.42	\$2,481.74	\$2,531.38	\$14,048.32	\$15,732.60	\$0.00	\$15,732.60	\$29,780.92
Traditional PPO W/ Non-Tobacco Use	Single	\$178.74	\$216.48	\$395.22	\$856.31	\$873.44	\$4,647.24	\$5,628.48	\$0.00	\$5,628.48	\$10,275.72
	Family	\$505.32	\$605.10	\$1,110.42	\$2,405.91	\$2,454.03	\$13,138.32	\$15,732.60	\$0.00	\$15,732.60	\$28,870.92
Dental	Single	\$1.20	\$10.02	\$11.22	\$24.31	\$24.80	\$31.20	\$260.52	\$0.00	\$260.52	\$291.72
	Family	\$3.16	\$26.36	\$29.52	\$63.96	\$65.24	\$82.16	\$685.36	\$0.00	\$685.36	\$767.52
Vision	Single	\$0.17	\$1.47	\$1.64	\$3.55	\$3.62	\$4.42	\$38.22	\$0.00	\$38.22	\$42.64
	Family	\$2.52	\$1.64	\$4.16	\$9.01	\$9.19	\$65.52	\$42.64	\$0.00	\$42.64	\$108.16
Flexible Spending Accounts											
Medical, Limited Purpose Medical (HSA Holders) and/or Dependent Care Admin Fee		\$2.00	\$0.00	\$2.00	\$4.33	\$4.33	\$52.00	\$0.00	\$0.00	\$0.00	\$52.00

HSA Accounts	Coverage	Initial Contribution*	Bi-Weekly Contribution	Monthly Contribution	Maximum Annual ER Contribution
HSA 1	Single	\$561.60	\$21.60	\$46.80	\$1,123.20
	Family	\$1,124.76	\$43.26	\$93.73	\$2,249.52
HSA 2	Single	\$336.96	\$12.96	\$28.08	\$673.92
	Family	\$673.92	\$25.92	\$56.16	\$1,347.84

\* Initial contribution as listed above apply to employees with an CDHP plan effective between 1/1/14 thru 6/1/14 and with an open HSA account. CDHP plans effective after 6/1/14 but before 12/1/14 and with an open HSA account will receive 1/2 of the initial contribution.

**Employees participating in the CDHP plans are reminded that they must open an HSA account in order to receive the State's HSA contribution.**